

It appeared as if the ovarium, having slipped behind a fold or depression of the meso-rectum, had gradually fallen downwards between the two layers of that membrane, and pushed the rectum to the front. The tumour had been retained in the situation which it has been described as having occupied, by forming adhesions with the internal surface of the peritoneum forming the meso-rectum, and also with the surface of the pelvic fascia."

Mr. Lyon, in his remarks on this very curious and interesting case, observes, "in our ignorance of all minute particulars of the history, different opinions will be entertained, as to whether, and if, as to when, impregnation of the contained ovum occurred. It will be well, however, for a practical purpose, to bear in mind, that for anything we know to the contrary, a perfect child, or at all events a child evolved at the same time as another contained in the uterus, may be met with in a similar situation as the one we operated for."

"But we suppose the fact of repeated retention of urine, during the six years antecedent to the operation, and the presence of the large quantity of adipocere-like matter, coupled with the remains of cuticular, tendinous, and osseous matters, will lead many to believe, that conception of the foetus found in the ovarium, preceded a long time that of the child for delivery of which the operation was performed. This opinion, which might question the chastity of our patient, she having been only married about nine months previous to the operation, we deem inconsistent with the confidence reposed in the surgeon by the patient, to discuss, and at the hazard of having our professional knowledge impugned, will prefer adhering to those who may insist, that the matters found in the ovarium were the remains of an irregularly and imperfectly developed ovum, vitalized consensaneously with the fetus in utero; or, that they were not the effect of impregnation at all, but produced by some partial and abnormal action; or, like the masses of hair, teeth, &c., not unfrequently found in the ovaria, and other organs; or the fetal remains in the abdomen and testicle of the male,* and like them are proofs of the presence of an ovum by inclusion, at an early period of intra-ovarian, or in some of the cases it may be of intra-uterine life.†

"Whilst I state these explanations, I am perfectly aware of their real value, and suppose they will be considered better fitted for enabling a casuist to extricate himself from a dilemma, than to convince the cautious and judicious physiologist."

61. Contagiousness of Puerperal Fever and its connection with Erysipelatous and Phlebitic Inflammation. Dr. PEDDIE read to the Medico-Chirurgical Society of Edinburgh, Nov. 12th, 1845, a series of cases, illustrative of the contagiousness of puerperal fever, and its intimate connection or association with erysipelatous and phlebitic inflammation.

He had felt it to be his duty to communicate the facts connected with these cases to the profession, as, besides being important in a pathological respect, they might perhaps contribute in some degree to avert hazard from a most interesting class of patients, and preserve to the medical man that peace of mind and prosperity in practice, which might otherwise be interrupted. While candour required this course, he felt assured of obtaining sympathy on account of the painful situation in which he had been placed; and that though the unfortunate medium of spreading a fatal disease, no larger share of blame would be imputed to him than appeared due, when the history of these melancholy cases had been carefully considered.

Case 1st.—Mrs. S., aged 32, previously weak in health, and depressed in spirits, entertaining a presentiment of approaching death, was delivered on the 2d September, after an easy labour. She was not carefully nursed; was seized on the third day with fever, which soon assumed the principal features of the malignant adynamic type, as described by Locock and others; and died on the 10th—the eighth day from her accouchement.

Case 2d.—Mrs. W., aged 23, a poor woman; attended for another practitioner, at that time out of town. She was a very delicate person, and predisposed also to fever by a strong presentiment of death; was delivered after a very easy labour,

* *Histoire des Anomalies, par St. Hilaire, ed. 1836, tom. iii. p. 307.*

† *Ibid., p. 308, 312. Vide also MONTHLY JOURNAL, for 1845, p. 553, and p. 657.*

although her first child, on the 7th September, and afterwards transferred from Dr. Peddie's care. She had begun to complain on the third day, and died on the 13th—the sixth day from her accouchement—with all the symptoms of the adynamic fever, complicated with much intestinal irritation.

Dr. Peddie was not aware of this person's illness and death, until after he had delivered his next patient.

Case 3d.—Mrs. K., aged 25, also delicate, and in extremely low spirits, was delivered on the 14th September, of her second child; labour natural and easy; feavered on the 16th; her case afterwards presented nearly the same features as those in Case 1st; and she died on the 21st—seven days from the period of her confinement.

On the appearance of fever in Mrs. K.'s case, and finding that no epidemic prevailed, Dr. Peddie perceived that a contagious puerperal fever had broken out in his practice, and immediately consulted with several medical friends as to whether he should now for a time give up all obstetric engagements. The advice received, was to comply as usual with the next call for attendance, but to adopt every possible precaution against the transmission of the virus farther. Accordingly, by assiduous attention to sprinkling and washing with the solution of the chloride of lime, proper arrangement of visits, and change of garments—not forgetting even the gloves and handkerchief—he secured the safe delivery and recovery of three patients—the first on the 19th, the next on the 22d, and the last on the 25th of September. That none of these patients showed the smallest tendency to fever, was the more satisfactory and encouraging, as the first and last were rather delicate, and the other was sister to Mrs. S., (Case No. 1,) who died only twelve days previously, and with whom she was much in contact. This, too, was the more singular, as she was in a state of so much alarm in the prospect of her own approaching hour of trial, as to be seized with labour rather prematurely. Dr. Peddie's anxious fears regarding the farther propagation of the disease were thus lulled into security; and he felt disposed to view the occurrence of three consecutive cases of fever as one of those remarkable coincidences with which medical men occasionally meet; or if they really were instances of contagious fever, that the virulence of the morbific influence was exhausted, or could be overcome by the adoption of precautions. These sanguine hopes, however, were soon distressingly disappointed by the occurrence of the two following cases in rapid succession.

Case 4th.—Mrs. T., aged 29, was delivered of her second child at 12 noon, on the 26th of September. Resided a few doors from Mrs. K., (Case No. 3,) whom she attended on the evening of her confinement, and visited frequently until the fever showed itself, and again on the 18th, although strictly prohibited, when she assisted in effecting a change of clothes and bedding. She was afterwards likewise exposed to contagion from the constant intercourse of friends between the two dwellings. Her labour was very easy, and she had every appearance of doing well, until next day at 12 o'clock noon, when she feavered; and death occurred in the evening of the 30th—the third day from the period of accouchement.

Case 5th.—Mrs. T., aged 23, was delivered of her first child at 12 o'clock noon, on the 27th September, after a natural but rather tedious labour. It was completed some hours before Dr. Peddie had an opportunity of knowing that his last patient (Case 4), had been seized with the fever; and on making his evening visit, he found that she too was already affected with the dreadful malady. Death took place at 3 A. M. on the 30th, less than three days from the time of her confinement.

Dr. Peddie considered it beyond question, that Mrs. T. (Case 4), had obtained contagious fomites from his last fatal case (No. 3); and while herself affected therefrom, had communicated the virus anew to his person, who conveyed it unconsciously to Mrs. T., (Case 5th), in whom it was developed almost from the moment of parturition.

Dr. Peddie now abandoned the practice of midwifery; was confined at home for several days, being much indisposed with sore throat, fatigue, and anxiety; took medicine, and the warm-bath; exposed the clothes worn at all these cases in an airy chamber, and sprinkled them from time to time with the solution of the chloride of lime; and went into the country for eight days, four of which were

spent at the sea side, and four on an excursion into Perthshire and Stirlingshire. A fortnight, less one day, thus elapsed before Dr. Peddie resumed practice, and accepted (on the 13th October) the next obstetric call, in consequence of urgent solicitation. Dr. Peddie entered into a minute detail of the symptoms of this case (Mrs. M.'s, aged 30, first child), which unhappily proved fatal on the 24th October—eleven days from the period of her accouchement; and he gave it as his own opinion, after much careful consideration, that he could not persuade himself of its having been a case of contagious puerperal fever, as there was a total dissimilarity in symptoms and mode of termination from the preceding characteristic cases, and as she had been in a most critical state of health for a considerable time previous to labour, with ulceration of the bowels, dilatation of the heart, and general debility. Dr. Peddie, however, stated, that lest his opinion was incorrect, he had felt it to be his duty to withdraw from midwifery practice for some time to come.

After some remarks on the nature of puerperal fever, and the opinion of authors concerning it, Dr. Peddie narrated several cases of erysipelas, phlebitis, and peritonitis, attended by him at the same time, and mixed up with his puerperal cases. From one of these, he thought it probable that the animal poison, producing the line of disastrous events in the accouchement chamber, originated; and referred, in proof of this opinion, to parallel instances related by Mr. Stow, of Doncaster, in the Provincial Journal, No. 166, 1843. The subject was a gentleman with a gangrenous erysipelas, spreading from sinuses surrounding the right hip joint, which took their origin from a mismanaged bubo, and a much impaired constitution. It was the most malignant case of the kind ever witnessed by Dr. Peddie—proving fatal on the 13th September, after the body had become deeply jaundiced, and large purulent deposits, with considerable emphysema, had formed in the right knee and left shoulder joints, as also among the muscles of the right forearm. This patient required dressings twice daily on account of the profuse discharge of dark-coloured fetid matter from the sinuses; and it was while attending him, although ablutions were regularly performed, that Dr. Peddie delivered Mrs. S. and Mrs. W. (Cases 1 and 2), and, on the day following his death, Mrs. K. (Case 3.)

Dr. Peddie then gave an account of several cases of *disease undoubtedly originating from the puerperal fever case*, (No. 3,) thus affording a reflex proof of the existence of a puerperal contagious virus affecting non-pregnant individuals, according to their special circumstances. One of them, a lady's nurse, who assisted frequently at Mrs. K.'s, was seized on the 25th September with fever—the symptoms at first being chiefly referable to the abdomen, and then to acute phlebitis of the right forearm, from which she had been bled, and died delirious on the 2d October. Another was a nurse, who had acted occasionally at Mrs. K.'s, had also waited on the sick nurse for one day, and had visited Mrs. T., (Case 4,) on the afternoon of her confinement, was affected with erysipelas of the head and face, from which she recovered with difficulty. And a third was an old lady who was lodging in the house of the lady's nurse, with whom she took fever simultaneously, which, however, in her case proved to be mild. It was also remarked, that almost every individual who had visited at Mrs. K.'s during her illness, complained soon afterwards of one kind or another, particularly with slight feverishness and sore throat; and it was at this time also that Dr. Peddie himself became affected in the same way.

Dr. Peddie concluded his communication, by stating the following as the principal points which he thought the facts mentioned seemed to prove:—

1st. That a specific virus, of an animal nature, is produced under certain circumstances, and in turn generates a peculiar form of fever in the puerperal state.

2d. That a virus frequently originates from erysipelatous inflammation.

3d. When once generated, it may be communicated from one lying-in patient to another with extraordinary virulence, quite independently of locality or epidemic influence, either by direct intercourse, or through the medium of a third person; and that this is more likely to happen when the predispositions of a weak body and a depressed mind exist.

4th. That it may also produce disease of various kinds in non-puerperal individuals, more especially of an erysipelatous and phlebitic character.

5th. That the treatment of a contagious puerperal fever, whether directed by

theoretical opinions, or the indications of physical signs, proves of little avail; but that if any theory is to be entertained respecting this malady, it should be that something of a specific and morbid nature requires to be thrown out of the system, and the powers of life at the same time sustained; and that the practice which holds out the greatest prospect, small at best, of this being accomplished, is the adoption of the diaphoretic and stimulant plans, according to the stage of the disease.

6th. That the principal concern of the medical man should be (seeing that a cure is so rare) to adopt every conceivable precaution against the occurrence of a single case of the disease, or to lessen the risk of its propagation when once established in his practice. And to attain these ends, patients in child-bed should either not be attended at the same period with cases of malignant or severe erysipelas, or that proper caution should be observed as to ablutions, more especially after contact with any discharge from such patients; and when a case of puerperal fever does occur, chlorinated ablutions should be used; and if a second occur, he should withdraw from obstetric practice for two or three weeks, if possible; and in the interim attempt, by removal into the country, warm-baths, and other alterative and purifying means, and by the exposure of clothing to a free atmosphere or high temperature, to rid himself of the subtle and powerful virus, which adheres to him so tenaciously.—*Northern Journal of Medicine*, Jan., 1846.

62. *Puerperal Fever—Death of Husband from somewhat analogous Symptoms.*—The following case, related by Dr. Jas. REID, (*London Med. Gazette*, Nov. 28th, 1845), is interesting as supporting the views of Dr. Storrs of which we gave a notice in our last number, p. 245.

Dec. 12th, 1844.—Sarah Bell, residing in Mary St., Hampstead road, was delivered of a female child, at 5 p.m., it being her first confinement. The gentleman who attended her, Mr. Lee, went to her immediately after delivering another patient, who afterwards died likewise of virulent puerperal fever. On the 13th, the patient complained of slight pain in the bowels, for which a dose of castor oil was administered. On the 14th her face was pale and anxious; she complained of pain recurring at intervals in the abdomen, the slightest pressure on this part increasing it; pulse 100; bowels acted on by the aperient, and the lochial discharge free, as was also the secretion of milk. The patient was naturally of a very weak constitution. Mr. Lee ordered for her $\frac{1}{10}$ xxx. tinct. opii, with the same quantity of sp. ammon. arom. every four or five hours, but the pain was found on the next day (15th) to have increased; the pulse was 120, her countenance very anxious, and there was a tendency to diarrhea. She took gr. ij of calomel and half a grain of opium every three hours; cataplasms were constantly applied to the abdomen, and six leeches to the most painful part. I first saw her on the 16th, when the symptoms continued much the same; she had lost the power over the sphincters, and her pulse was very quick: the same remedies were continued, and as much nutriment given as she was able to take, and on the succeeding morning she was apparently better, not complaining of pain unless she moved, and even then it was much less. She had slept for some time; the pulse was not so quick, and the tongue moist, but still she had no power over the bladder and rectum; she became much worse towards the evening, and expired on the morning of the 18th.

The husband of this patient was observed by Mr. Lee to look very ill on the 14th, he having had no other room or bed to go to but that on which his wife lay, and he had had little or no sleep since her confinement. He was of very delicate constitution, and complained of great lassitude, headache, and pain in the back and limbs; his bowels were confined; the tongue was furred in the centre, red at the edges, and quite dry. His pulse was quick and small, and his countenance had a distressed expression. As he had to lie in the same bed with his wife, Mr. Lee obtained admission for him into the University College Hospital. Shortly afterwards, sloughing of the scrotum took place, and pain and swelling in joints accompanied it. He did not survive many days, and on examination I understand that a dark-coloured pus was found in the joints. This, though a rare case, is not a singular one, as similar instances have occasionally been narrated, in which the low typhoid or erysipelatous symptoms were propagated by contagion (as I believe was the case in the present instance) from the puerperal patients to the attendant or relation, who had been constantly with them.